



New Jersey Office of the Attorney General

Division of Consumer Affairs

New Jersey State Board of Dentistry

124 Halsey Street, 6th Floor, P.O. Box 45005

Newark, New Jersey 07101

(973) 504-6405

Incident Report Form

(Required pursuant to N.J.A.C. 13:30-8.8)

Note: The Board's regulations require that all licensees must submit a report, within seven days, of any incident occurring in a dental office, clinic or other dental facility, which requires the removal of a patient to a hospital for observation or treatment. Licensees are also required to report any death which may be related to dental treatment, whether or not the death occurred in a dental office, clinic or other facility.

Date of report	
Practice name and address	
Name of treating dentist	
Name and signature of the individual making the report	Signature:
Patient's name	
Patient's age and gender	
Date and time of the incident	
Patient's medical history (include all medications, vitamins, herbal supplements, etc.)	
Dental procedure at the time of the incident	
Duration of the dental procedure prior to the incident	
Drugs administered to the patient prior to the incident (include local, sedative and/or general anesthetic agents; amount, type and dosage)	

Describe the incident (attach additional sheets of paper if necessary)	
Who else was present during the incident and in what capacity?	
Who notified police/E.M.T.?	
Duration of the incident	
Disposition of the patient before and after the incident	
Who escorted the patient to the hospital?	
Name of the hospital and its location	
Follow-up care and prognosis	
Condition of the patient upon leaving the office	
Disposition of the patient at time of discharge from the hospital	